# Quick Updates



May 1, 2004

| May Calendar of Events | |
|---|---|
| 1 - 4 | ONS Annual Congress |
| 3 | NPCS Orientation |
| 6 - 12 | Nurses' Celebration Week |
| 6 | CRIS Town Hall Meeting |
| 13 – 14 | Cytotoxic & Biologics Course |
| 17—21 | AACN National Teaching Institute |
| 31 | NPCS Orientation |

Past issues of the Quick Updates are posted on the Nursing & Patient Care Services intranet:

http://intranet.cc.nih.gov/nursing/jcaho/quickupdates.html.

## QUICK UPDATES

The **QU** has a new look! We are trying to provide you with timely updates in an easy-to-read format. We will try to send them more frequently so the **QU**s can be shorter and easier to get through. What do you think? Email your comments, suggestions, and questions to the **QU** editors at CC-NURS QU Editor.

## Committee Shorts

### Nursing Practice Council

- CPC submitted 2 recently revised clinical practice documents to NPC for approval. Both the SOP and PRO: Accessing an Ommaya Reservoir were approved without significant revisions. Both are now posted on the intranet.
- CPC's recommendation to delete the PRO: Monitoring Neuromuscular Blockade Using a Peripheral Nerve Stimulator was approved.

## Thanks for Reporting — Because you took time to report it, we've made some changes. Here are the highlights!

- Your persistent reporting helped us pinpoint at least 2 areas of concerns regarding the new ambulatory infusion pump. A hearty thanks! An interdisciplinary team continues to work with the company to resolve these concerns related to proximal occlusion alarms and IV bag overfill. We will report resolutions as they near completion.
- Several look-alike drug name pairs were identified because you took the time to report. The Pharmacy is applying safety strategies to prevent mix-ups for the following drugs: sulfasalazine/sulfadiazine, vincristine/vinorelbine, sirolimus/tacrolimus, liothyronine/levothyroxine, and dicyclomine/dyclonine.
- A patient's hydromorphone therapy was optimized because a nurse used the equianalgesic dosing chart to check the dose when the patient was converted from morphine.
- You reported delays in obtaining medication for a group of day hospital patients. This led to an exchange of ideas between unit staff and the outpatient pharmacy that resulted in improved service.
- Effective March 10th, a new MIS reporting scheme for HIV results was put into effect. HIV-a Antibody screen results will be reported separate from confirmatory tests. Refer to Western Blot Assay for the final test results. If you have questions or need additional information, call 301-496-8842 (Department of Transfusion Medicine).
- Smaller wheels have been fitted to the Golvo® Patient Lift Device so that the patient lift device can easily fit under all beds and gurneys.
- Morgue staff will conduct weekly inspections of morgue drawers for needed repairs. Drawers that are not appropriate for use will be clearly marked.
- Medical records is exploring options for enhancing their medical record tracking process. We plan to run a trial in 2004 to evaluate the potential use of bar coding to help track the location of medical records at any given time.
- The latex-free cart has been eliminated.
- A new emergency EEG recording on-call back-up system developed for the critical care areas will now be used by the neuroscience inpatient areas.
- You reported that printer paper was regularly jamming in our printers. MMD and the paper manufacturer identified a probable contributing factor and made changes to a paper-cutting process at the plant.

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## Good News!!

Join us in welcoming the following new staff:

*Samuel L. Bell (2 East)*

*Barbara Blandford (CSO)*

*Bernadette Childs (CSO)*

*Sara Kramer-Wallace (2J)*

*Julia H. Mitchell (3 East)*

*Katherine A. Mullin (CSO)*

*Patricia O. Potts (4 East)*

## Kudos!

Congratulations to **Georgie Cusack, Antoinette Jones-Wells, and Laura Chisholm**! Their manuscript, "Patient Intensity in an Ambulatory Oncology Research Center: A Step Forward for the Field of Ambulatory Care," has been published in Nursing Economics (2004). This is the 1st of 3 installments.

**Julie Kohn, RN, MSN** successfully sat for a Clinical Nurse Specialist certification exam.

We want to recognize your professional accomplishments in the Quick Updates. Let us know about your publications and presentations, and when you have successfully earned your specialty certification or advanced degree.

## Safety Briefs

**Portable Oxygen Tanks** — We need your help with the following. Please keep in mind these 5 safety tips if you use portable oxygen in your patient care unit:

- **Cylinder Carriers** — When a patient is transported via stretcher or wheelchair with portable oxygen, an oxygen cylinder should be safely secured in a carrier so that it does not pose a hazard or cause physical injury. If you need an oxygen cylinder carrier, call the Page Operator @ 301-496-1211 and ask for the Respiratory Therapist covering your area. Before your patient leaves your PCU, be sure to visually confirm the cylinder is secured.
- **Full Cylinders** — Before a patient leaves the patient care area with portable oxygen, a healthcare provider should visually inspect the oxygen cylinder to determine if there is a sufficient supply of oxygen in the oxygen cylinder. An oxygen cylinder with less than 500 PSI should not be used and should be returned to the Respiratory Therapy Department.
- **Storage** — A portable oxygen tank stored in your patient care area must be stored in an upright position and secured in a carrier. A cylinder should NOT be placed on its side or lying down.
- **Discharge Home** — For patient and family safety, CC patients are NOT discharged home with CC oxygen cylinders. A CC social worker will coordinate and obtain supplemental oxygen through the patient's home care provider. An exception to this occurs if a patient requires oxygen from the CC to an airport. In this event, the transportation is arranged with a contracted taxi service who has drivers trained in oxygen cylinder safety. The taxi driver will deliver the patient to the airport and then return the cylinder to the CC once the patient has safely boarded the plane.

## Hill-Rom Advanta Beds . . . 2 great questions

### What happens if the bed's footboard is not accurately reseated?

- If the footboard controls do not work and/or the power lights are not on, it is possible the footboard is not correctly seated. It is recommended that you remove the footboard and attempt to reseat it taking care to align the guide arrows on the footboard posts until it engages with the power source. Then, install the safety pins. If seated correctly, you should observe indicator lights are on.

### How does a nurse use the bed's clinical alarms, aka: Patient Position Monitor?

We learned there are 3 bed alarm levels that can be used if you want to know when your patient is moving in bed. Here are the differences:

- The **OOB Mode (least restrictive)** detects a significant shift of weight off the bed. A patient can move freely in bed but a nurse wants to know when the patient leaves the bed. You might use this mode if you want to know when an ambulatory yet confused patient has left the bed and is on the move.
- The **Exiting Mode** detects motion away from the head of the bed and toward the bed's edge. You might use this mode if you want to know when a patient is making an **attempt** to leave the bed.
- The **Position Mode (most restrictive)** detects motion when a patient moves to either side rail or away from the head of the bed. You might use this mode if you want to know when your fast-moving patient begins moving.

# Pharmacy Updates

## Pre-filled Syringes

In response to your inquiry, we have learned from the manufacturer that Posi-Flush® pre-filled syringes are not approved by the FDA for the dilution of IV push medications or the reconstitution of a powder.

The Pharmacy currently stocks single-dose vials of 10 mL sodium chloride 0.9% injection USP (preservative free), 10 mL sterile water for injection USP (preservative free), and 10 mL bacteriostatic water USP (with bacteriostat). All 3 may be used for reconstitution of a powder, but a nurse MUST (when permitted by POL: Preparation of Parenteral Admixtures) check the package insert or other reliable references to select the appropriate solution for reconstitution. If a nurse must further dilute a powder that has already been reconstituted or an IV push solution (e.g., lorazepam), she/he MUST check the package insert to select the appropriate solution.

We wanted you to know, too, that the Pharmacy maintains an "IV Medication" resource on the "Formulary" (http://internal.cc.nih.gov/formulary/) that provides some guidelines for administering IV medications including diluent, volume, and infusion times.

## Parenteral Admixtures

Many of you have asked great questions about the intent and purpose of the NPCS policy, "Preparation of Parenteral Admixtures." Did you know the policy exists in support of JCAHO Medication Management standards? The standards require a hospital's on-site, licensed pharmacy, when available, to prepare all compounds, IV admixtures, and other drugs except in emergencies or when not possible, i.e., when a drug's stability is short. Here are a few highlights from the NPCS policy we thought you should know:

- Our CC Pharmacy prepares all drug products including parenteral solutions with additives unless there is an urgent situation in which a delay in the delivery of a drug would result in a patient's discomfort. An exception to this are short-stability products as identified by the Pharmacy, e.g., Bactrim.
- Medications ordered as IV push must be administered as defined by medical policy, i.e. "direct injection of a medication into a vein or a flowing intravenous line" (M94-7). Use of other intravenous administration methods, e.g. IVPB, requires a medication order specifying diluent, volume, and rate of administration. This means that when a nurse has a medical order to administer a drug IV push, it should not be prepared in a minibag unless the medical order has been amended to reflect these elements.
- A nurse may not add more than one drug to a parenteral solution.
- A nurse may not add a drug to a solution already containing an additive without first consulting with a pharmacist for compatibility and stability information.

For a full review of the policy, please click: http://intranet.cc.nih.gov/nursing/practicedocs/policies_pdf/PreparationParentera.pdf.

## Medication Occurrence Events

Have you ever wondered what to do with a drug that may be involved in a reportable event, e.g., wrong patient, inaccurate label, etc? Here are some recommendations from the Pharmacy.

After assessing your patient's status, please secure the drug and any associated packaging, tubing, labels or other dispensed items in a zip-lock plastic bag, notify the Pharmacy, and return to the Pharmacy as soon as possible. Returning the medication quickly provides important information for follow-up, reduces risk of recurrence, and allows Pharmacy to initiate qualitative or quantitative analysis if indicated.

Don't forget to use the ORS to report the event. Please be sure to record all actions you took including the name of the pharmacist contacted, the status of the items in question, and the status of the patient.

# Infection Control News

**Hospital Epidemiology Services (HES) -** HES has a *NEW* internal website that you might find helpful (http://intranet.cc.nih.gov/hospitalepidemiology/). If you have any questions about this site or the information, please call 301-496-2209. In the meantime, here are 2 items of interest posted on this new site!

### CC Infection Control Guidelines (2003)

The CC Infection Control Guidelines (2003) have been distributed to all PCU's and are now posted to the new website. If you missed the Infection Control Guidelines training sessions provided by the Hospital Epidemiology Service (HES) in April, please look at the *NEW* HES internal website to review the required information. Once you have successfully completed the training, follow the instructions to print and complete the information form at the end of the presentation. Then, send the completed form to HES (keep a copy for your own records). You will receive your certificate of completion within a few weeks via interoffice mail.

## Laundry Bags have been replaced!

All cloth laundry bags have been replaced. The white cloth bags (used for general laundry) and the yellow cloth bags (used for isolation rooms) are both impervious to fluids. Here are 6 things we want you to keep in mind:

- Linen bags will continue to be supplied by the Linen Department. If you find bags with holes in them, please discard them.
- Water-soluble liners are to be placed in both white and yellow cloth laundry bags prior to filling them with dirty linen. Water-soluble liners will be supplied by the Linen Department and will be stored next to the laundry bags on all linen carts.
- If you need additional laundry bags or water soluble liners, contact the housekeeping supervisor @ 301-496-2417.
- Isolation laundry hampers should be placed in an anteroom or the hall rather than in an isolation room.
- To minimize the risk of back injuries, do not overfill the bags. It is recommended that laundry bags are removed when they are 2/3 full.
- Prior to sending a bag of linen out for laundering, tie off the water-soluble liner and then, close the cloth laundry bag.